PTO/SB/22 (10-08)

Approved for use through 10/31/2008, OMB 0651-0031
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| DETITI | ON FOR EXTENSION OF TIME UNDER | Docket Number (Optional) | | |
|---|----------------------------------|------------------------------------|------------------------|-------------------|
| FY 2009 | | | 103930.B000119 | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | |
| Application Number 10/773,406 | | | Filed February 9, 2004 | |
| FOR IMMUNOGLOBULIN FORMULATION AND METHOD OF PREPARATION THEREOF | | | | |
| Art Unit 1644 | | | Examiner KIM, YUNSOO | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | |
| | | <u>Fee</u> | Small Entity Fee | |
| | One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ |
| | Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ |
| Σ | Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ <u>1110.00</u> |
| | Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ |
| | Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 CFR 1.27. | | | | |
| A check in the amount of the fee is enclosed. | | | | |
| Payment by credit card. Form PTO-2038 is attached. | | | | |
| ☐ The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | |
| The Director is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account Number 05-1323 (Docket No. 103930.B000119). | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | |
| I am | | | | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | |
| attorney or agent of record. Registration Number | | | | |
| ☑ attorney or agent under 37 CFR 1.34. | | | | |
| Registration number if acting under 37 CFR 1.34 45,774 | | | | |
| 20/2011 1/ | | | March | 2, 2009 |
| | min Hark | | | |
| | Signature | | Date | |
| Melissa M. Hayworth Typed Or Printed Name | | (202) 624-2500 Telephone Number | | |
| | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | |
| agramic a required, one univer | | | | |
| | of 1 forms are submitte | d. | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending VA 22313-1450.